

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Northwestern Mutual Life Insurance Company Federal PAC

ADDRESS (number and street) ▼

720 E Wisconsin Ave

☐ Check if different than previously reported. (ACC)

Milwaukee

WI

53202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00197095

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
08 01 2016

through

M M / D D / Y Y Y Y Y Y  
08 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michelle A. Hinze

Signature of Treasurer

Michelle A. Hinze

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
09 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">196955.78</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">197050.27</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">37226.28</span>	<span style="border: 1px solid black; padding: 2px;">283808.28</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">234276.55</span>	<span style="border: 1px solid black; padding: 2px;">480764.06</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">4733.42</span>	<span style="border: 1px solid black; padding: 2px;">251220.93</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">229543.13</span>	<span style="border: 1px solid black; padding: 2px;">229543.13</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	32998.66	222830.90
(ii) Unitemized .....	4227.62	60977.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	37226.28	283808.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	37226.28	283808.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	37226.28	283808.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37226.28	283808.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	233.42	1970.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	233.42	1970.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	235250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	14000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4733.42	251220.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4733.42	251220.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	37226.28	283808.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37226.28	283808.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	233.42	1970.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	233.42	1970.93

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

### A. Steven Fay Abbass

Mailing Address 9 Woodhull Ct

City

Northport

State

NY

Zip Code

11768-2844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 20160815195248-71

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. Steven Fay Abbass

Mailing Address 9 Woodhull Ct

City

Northport

State

NY

Zip Code

11768-2844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 2016090114731-71

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### C. Rick A Abell

Mailing Address 6025 Princeton Reach Way

City

Granite Bay

State

CA

Zip Code

95746-6217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 20160815195248-55

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Rick A Abell**

Mailing Address 6025 Princeton Reach Way

City State Zip Code  
Granite Bay CA 95746-6217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-55**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric D Aslakson**

Mailing Address 15323 SE 82nd St

City State Zip Code  
Newcastle WA 98059-9223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-63**

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric D Aslakson**

Mailing Address 15323 SE 82nd St

City State Zip Code  
Newcastle WA 98059-9223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-63**

Amount of Each Receipt this Period

62.50

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Mark J. Backe**

Mailing Address 4419 N Wildwood Ave

City State Zip Code  
Shorewood WI 53211-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ins & Ops Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-628**

Amount of Each Receipt this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark J. Backe**

Mailing Address 4419 N Wildwood Ave

City State Zip Code  
Shorewood WI 53211-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ins & Ops Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-628**

Amount of Each Receipt this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Leslie Barbi**

Mailing Address 6620 N Lake Dr

City State Zip Code  
Fox Point WI 53217-4245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp - Public Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-510**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

252.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Leslie Barbi**

Mailing Address 6620 N Lake Dr

City

Fox Point

State

WI

Zip Code

53217-4245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp - Public Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-510**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David A. Barras**

Mailing Address 8700 W Bennington Ct

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-644**

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David A. Barras**

Mailing Address 8700 W Bennington Ct

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-644**

Amount of Each Receipt this Period

21.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Rebekah B. Barsch

Mailing Address N46W5455 Spring Ct

City

Cedarburg

State

WI

Zip Code

53012-2547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Planning & Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-769

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rebekah B. Barsch

Mailing Address N46W5455 Spring Ct

City

Cedarburg

State

WI

Zip Code

53012-2547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Planning & Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-769

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blaise C. Beaulier

Mailing Address 23300 Dover Line Rd

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ent Proj & Supp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-908

Amount of Each Receipt this Period

96.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Blaise C. Beaulier**

Mailing Address 23300 Dover Line Rd

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ent Proj &amp; Supp

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	6		

**Transaction ID : 20160829191841-908**

Amount of Each Receipt this Period

96.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mitchell C Beer**

Mailing Address 3387 Hampton Ct

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	5		2	0	1	6		

**Transaction ID : 20160815195248-29**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Mitchell C Beer**

Mailing Address 3387 Hampton Ct

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	6		

**Transaction ID : 2016090114731-29**

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. J Philip Bender**

Mailing Address 70 Forest St  
Apt 18D

City State Zip Code  
Stamford CT 06901-1881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-31**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. J Philip Bender**

Mailing Address 70 Forest St  
Apt 18D

City State Zip Code  
Stamford CT 06901-1881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-31**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dwaan C Black**

Mailing Address 3520 Dumbarton Rd NW

City State Zip Code  
Atlanta GA 30327-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-24**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. Dwaan C Black**

Mailing Address 3520 Dumbarton Rd NW

City State Zip Code  
Atlanta GA 30327-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-24**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Garrett J Bleakley**

Mailing Address 5460 Chelsea Ave

City State Zip Code  
La Jolla CA 92037-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-6**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Garrett J Bleakley**

Mailing Address 5460 Chelsea Ave

City State Zip Code  
La Jolla CA 92037-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-6**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

292.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. Debra Blevons**

Mailing Address 165 Pine Ct

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-70**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Debra Blevons**

Mailing Address 165 Pine Ct

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-70**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Timothy John Bohannon**

Mailing Address 8677 Alvarado Ct

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-7**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy John Bohannon**

Mailing Address 8677 Alvarado Ct

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-7**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sandra L. Botcher**

Mailing Address 10260 N Range Line C

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1616.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-779**

Amount of Each Receipt this Period

104.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sandra L. Botcher**

Mailing Address 10260 N Range Line C

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1616.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-779**

Amount of Each Receipt this Period

104.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

416.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Jennifer L. Brase**

Mailing Address 12877 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Div & Inclusion

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-810**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer L. Brase**

Mailing Address 12877 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Div & Inclusion

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-810**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kristofer D. Breitzman**

Mailing Address W290N3649 Tall Tree Ct

City

Pewaukee

State

WI

Zip Code

53072-3152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-893**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Kristofer D. Breitzman**

Mailing Address W290N3649 Tall Tree Ct

City

Pewaukee

State

WI

Zip Code

53072-3152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

228.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-893**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anne T. Brower**

Mailing Address 2314 E Edgewood Ave

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec/Secur

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

384.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-517**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Anne T. Brower**

Mailing Address 2314 E Edgewood Ave

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec/Secur

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

384.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-517**

Amount of Each Receipt this Period

24.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

63.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Pency P. Byhardt**

Mailing Address W148N10042 Windsong Cir E

City State Zip Code  
Germantown WI 53022-5274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Life & Annuity Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-975**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pency P. Byhardt**

Mailing Address W148N10042 Windsong Cir E

City State Zip Code  
Germantown WI 53022-5274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Life & Annuity Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-975**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael T Byrne**

Mailing Address 395 La Casa Via

City State Zip Code  
Walnut Creek CA 94598-4842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-22**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

248.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Michael T Byrne**

Mailing Address 395 La Casa Via

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-22**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Susan W. Callanan**

Mailing Address 2736 N Shepard Ave

City

Milwaukee

State

WI

Zip Code

53211-3852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director- Mktplc Policy and Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-1013**

Amount of Each Receipt this Period

32.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan W. Callanan**

Mailing Address 2736 N Shepard Ave

City

Milwaukee

State

WI

Zip Code

53211-3852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director- Mktplc Policy and Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-1013**

Amount of Each Receipt this Period

32.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

272.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 139  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Michael G. Carter**

Mailing Address 7322 N Mohawk Rd

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP &amp; CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 201608111986-913**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael G. Carter**

Mailing Address 7322 N Mohawk Rd

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP &amp; CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 20160829191841-913**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Greg Castronovo**

Mailing Address 317 Evening Star Ln

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-39**

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

458.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Greg Castronovo**

Mailing Address 317 Evening Star Ln

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-39**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott G Christensen**

Mailing Address 12 High Meadow Ln

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-37**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott G Christensen**

Mailing Address 12 High Meadow Ln

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-37**

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

192.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Eric P. Christophersen**

Mailing Address N25W27286 Fairmount Ct

City

Pewaukee

State

WI

Zip Code

53072-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Strat Phil & Comm Rel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-663

Amount of Each Receipt this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric P. Christophersen**

Mailing Address N25W27286 Fairmount Ct

City

Pewaukee

State

WI

Zip Code

53072-4962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Strat Phil & Comm Rel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-663

Amount of Each Receipt this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. R Michael Condrey**

Mailing Address 907 Williamson Dr

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 20160815195248-3

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

398.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. R Michael Condrey**

Mailing Address 907 Williamson Dr

City Raleigh State NC Zip Code 27608-2307

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-3**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tait Cruse**

Mailing Address 2961 Belclaire Dr

City Frisco State TX Zip Code 75034-5969

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-28**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tait Cruse**

Mailing Address 2961 Belclaire Dr

City Frisco State TX Zip Code 75034-5969

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-28**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

624.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Brian R Cunningham**

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-20**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian R Cunningham**

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-20**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Chad D. Dern**

Mailing Address 624 E Beaumont Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Brand & Adv Strat

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

332.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-739**

Amount of Each Receipt this Period

23.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

273.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Chad D. Dern**

Mailing Address 624 E Beaumont Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Brand &amp; Adv Strat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 20160829191841-739**

Amount of Each Receipt this Period

23.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blane Dexheimer**

Mailing Address 350 Sheffield Dr

City

Brookfield

State

WI

Zip Code

53005-7926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 20160829191841-530**

Amount of Each Receipt this Period

13.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul Dodd**

Mailing Address 7078 E Genesee St

City

Fayetteville

State

NY

Zip Code

13066-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-25**

Amount of Each Receipt this Period

208.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

244.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Dodd**

Mailing Address 7078 E Genesee St

City

Fayetteville

State

NY

Zip Code

13066-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-25**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steven Dugal**

Mailing Address 9 Falcon Dr

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-26**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven Dugal**

Mailing Address 9 Falcon Dr

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-26**

Amount of Each Receipt this Period

208.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

624.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John E. Dunn**

Mailing Address 4656 N Wilshire Rd

City

Whitefish Bay

State

WI

Zip Code

53211-1260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-598**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John E. Dunn**

Mailing Address 4656 N Wilshire Rd

City

Whitefish Bay

State

WI

Zip Code

53211-1260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-598**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James R. Eben**

Mailing Address 14270 Woodmount Dr

City

Brookfield

State

WI

Zip Code

53005-2389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec/Tax

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-939**

Amount of Each Receipt this Period

14.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

124.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. James R. Eben

Mailing Address 14270 Woodmount Dr

City State Zip Code  
Brookfield WI 53005-2389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec/Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-939

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eric J. Ekeroth

Mailing Address 19672 Stanford Hall Pl

City State Zip Code  
Ashburn VA 20147-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-568

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric J. Ekeroth

Mailing Address 19672 Stanford Hall Pl

City State Zip Code  
Ashburn VA 20147-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-568

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. R. David Ells**

Mailing Address 3722 W Grace Ave

City

Mequon

State

WI

Zip Code

53092-2760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Mang Dir Priv Plcmts

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 201608111986-825**

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. R. David Ells**

Mailing Address 3722 W Grace Ave

City

Mequon

State

WI

Zip Code

53092-2760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Mang Dir Priv Plcmts

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 20160829191841-825**

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Keith A Erhard**

Mailing Address 4807 Timberwood Ct

City

W Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-14**

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

96.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Keith A Erhard**

Mailing Address 4807 Timberwood Ct

City

W Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-14**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John C Ertz**

Mailing Address 18235 Shaker Blvd

City

Shaker Hts

State

OH

Zip Code

44120-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2216.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-13**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John C Ertz**

Mailing Address 18235 Shaker Blvd

City

Shaker Hts

State

OH

Zip Code

44120-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2216.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-13**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Daniel M. Flesch**

Mailing Address 369 Sunshine Dr

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-853**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Daniel M. Flesch**

Mailing Address 369 Sunshine Dr

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-853**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lee M Fortenberry**

Mailing Address 114 Lake Ridge Dr

City

Madison

State

MS

Zip Code

39110-8291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-40**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Lee M Fortenberry**

Mailing Address 114 Lake Ridge Dr

City	State	Zip Code
Madison	MS	39110-8291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-40**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gerald E. Fradin**

Mailing Address 120 Belle Ave

City	State	Zip Code
Highland Park	IL	60035-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Wmc Inv Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 201608111986-565**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gerald E. Fradin**

Mailing Address 120 Belle Ave

City	State	Zip Code
Highland Park	IL	60035-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Wmc Inv Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 20160829191841-565**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

102.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Lance P Franczyk**

Mailing Address 2224 E 24th St

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-42**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lance P Franczyk**

Mailing Address 2224 E 24th St

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-42**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen J. Frankl**

Mailing Address 3225 Somers Ln

City

Port Washington

State

WI

Zip Code

53074-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director Planning & Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-1004**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

104.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen J. Frankl**

Mailing Address 3225 Somers Ln

City

Port Washington

State

WI

Zip Code

53074-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director Planning & Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-1004**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert T Frieling**

Mailing Address 4 Windy Hill Ln

City

Wayland

State

MA

Zip Code

01778-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-12**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert T Frieling**

Mailing Address 4 Windy Hill Ln

City

Wayland

State

MA

Zip Code

01778-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-12**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Anne A. Frigo**

Mailing Address 557 Westfield Way

City State Zip Code  
Pewaukee WI 53072-6592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-605**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anne A. Frigo**

Mailing Address 557 Westfield Way

City State Zip Code  
Pewaukee WI 53072-6592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-605**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Sheila M. Gavin**

Mailing Address 5735 N Crestwood Blvd

City State Zip Code  
Glendale WI 53209-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec/Ins

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-980**

Amount of Each Receipt this Period

22.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Sheila M. Gavin**

Mailing Address 5735 N Crestwood Blvd

City State Zip Code  
 Glendale WI 53209-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec/Ins

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-980**

Amount of Each Receipt this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chris K. Gawart**

Mailing Address 1610 N Prospect Ave

City State Zip Code  
 Milwaukee WI 53202-6702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-607**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Chris K. Gawart**

Mailing Address 1610 N Prospect Ave

City State Zip Code  
 Milwaukee WI 53202-6702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-607**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy J. Gerend**

Mailing Address 5421 N Idlewild Ave

City State Zip Code  
Whitefish Bay WI 53217-5331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Distribution Growth & Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1984.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-592**

Amount of Each Receipt this Period

124.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Timothy J. Gerend**

Mailing Address 5421 N Idlewild Ave

City State Zip Code  
Whitefish Bay WI 53217-5331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Distribution Growth & Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1984.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-592**

Amount of Each Receipt this Period

124.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Walter M. Givler**

Mailing Address 2036 N Prospect Ave

City State Zip Code  
Milwaukee WI 53202-1260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Solvency Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-586**

Amount of Each Receipt this Period

44.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

292.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Walter M. Givler**

Mailing Address 2036 N Prospect Ave

City

Milwaukee

State

WI

Zip Code

53202-1260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Solvency Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-586**

Amount of Each Receipt this Period

44.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mitchell B Glover**

Mailing Address 6700 Old Darby Trl NE

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-11**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mitchell B Glover**

Mailing Address 6700 Old Darby Trl NE

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-11**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

460.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Mark J. Gmach

Mailing Address 14315 Radiant Ct

City

Brookfield

State

WI

Zip Code

53005-7073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Regional VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-821

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark J. Gmach

Mailing Address 14315 Radiant Ct

City

Brookfield

State

WI

Zip Code

53005-7073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Regional VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-821

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas J Goes

Mailing Address 1000 Legion Pl  
Ste 140

City

Orlando

State

FL

Zip Code

32801-1058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-64

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

62.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Thomas J Goes

Mailing Address 1000 Legion Pl  
Ste 140

City State Zip Code  
Orlando FL 32801-1058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 2016090114731-64

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kimberley Goode

Mailing Address 2485 W Fairy Chasm Rd  
# R

City State Zip Code  
River Hills WI 53217-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Comm & Corp Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1576.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-542

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kimberley Goode

Mailing Address 2485 W Fairy Chasm Rd  
# R

City State Zip Code  
River Hills WI 53217-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Comm & Corp Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1576.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-542

Amount of Each Receipt this Period

115.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

272.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Patrick K Gores**

Mailing Address 2702 28th Ave S

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-5**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Patrick K Gores**

Mailing Address 2702 28th Ave S

City

Fargo

State

ND

Zip Code

58103-5045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-5**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tom Goris JR**

Mailing Address 4735 Wellington Dr

City

Long Grove

State

IL

Zip Code

60047-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-23**

Amount of Each Receipt this Period

208.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

292.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Tom Goris JR**

Mailing Address 4735 Wellington Dr

City

Long Grove

State

IL

Zip Code

60047-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-23**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Karl G. Gouverneur**

Mailing Address 12895 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Chief Tech Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-1034**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Karl G. Gouverneur**

Mailing Address 12895 N Cobblestone Ct

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Chief Tech Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-1034**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

248.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Todd Matthew Grabner**

Mailing Address 3086 E Silver Hawk Dr

City

State

Zip Code

Holladay

UT

84121-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-75**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Todd Matthew Grabner**

Mailing Address 3086 E Silver Hawk Dr

City

State

Zip Code

Holladay

UT

84121-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-75**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John M. Grogan**

Mailing Address 7860 N Club Cir

City

State

Zip Code

Fox Point

WI

53217-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Svp Ins & Invest Prod

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-958**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John M. Grogan**

Mailing Address 7860 N Club Cir

City State Zip Code  
Fox Point WI 53217-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Ins & Invest Prod

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-958**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen Gross**

Mailing Address 1022 Savonne Ct

City State Zip Code  
Chesterfield MO 63005-4977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-43**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen Gross**

Mailing Address 1022 Savonne Ct

City State Zip Code  
Chesterfield MO 63005-4977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-43**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

458.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas C. Guay**

Mailing Address W73N377 Mulberry Ave

City

Cedarburg

State

WI

Zip Code

53012-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Risk Selection Strat

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1308.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-612**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas C. Guay**

Mailing Address W73N377 Mulberry Ave

City

Cedarburg

State

WI

Zip Code

53012-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Risk Selection Strat

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1308.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-612**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen T Guinan**

Mailing Address 126 Waverly Cir

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-36**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen T Guinan**

Mailing Address 126 Waverly Cir

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-36**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Y. Hamm**

Mailing Address 1105 Belmont Dr

City

Waukesha

State

WI

Zip Code

53186-6726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Itoi (Sys Admin)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-767**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David Y. Hamm**

Mailing Address 1105 Belmont Dr

City

Waukesha

State

WI

Zip Code

53186-6726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Itoi (Sys Admin)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-767**

Amount of Each Receipt this Period

14.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Paul J. Hanson**

Mailing Address N38W23333 Broken Hill Cir S

City State Zip Code  
Pewaukee WI 53072-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-993**

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paul J. Hanson**

Mailing Address N38W23333 Broken Hill Cir S

City State Zip Code  
Pewaukee WI 53072-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-993**

Amount of Each Receipt this Period

27.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kevin G. Hanus**

Mailing Address 18775 Brookfield Lake Dr

City State Zip Code  
Brookfield WI 53045-6170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Restaurant Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-613**

Amount of Each Receipt this Period

14.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

68.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Kevin G. Hanus**

Mailing Address 18775 Brookfield Lake Dr

City State Zip Code  
 Brookfield WI 53045-6170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Restaurant Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-613**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Laura J. Hauschild**

Mailing Address 14611 50th Rd

City State Zip Code  
 Sturtevant WI 53177-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Adv Prac, Grps & Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-710**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Laura J. Hauschild**

Mailing Address 14611 50th Rd

City State Zip Code  
 Sturtevant WI 53177-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Adv Prac, Grps & Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-710**

Amount of Each Receipt this Period

24.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin St

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Medical Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-959

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin St

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Medical Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-959

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gerard M Hempstead

Mailing Address 49 W Walling Dr

City

Creve Coeur

State

MO

Zip Code

63141-7371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1416.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-54

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Gerard M Hempstead**

Mailing Address 49 W Walling Dr

City

Creve Coeur

State

MO

Zip Code

63141-7371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.62

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-54**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark J Heurung**

Mailing Address 3315 Graham Hill Rd

City

Orono

State

MN

Zip Code

55356-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-35**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Mark J Heurung**

Mailing Address 3315 Graham Hill Rd

City

Orono

State

MN

Zip Code

55356-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-35**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

541.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Gary M. Hewitt**

Mailing Address 2045 Elm Tree Rd

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-843**

Amount of Each Receipt this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gary M. Hewitt**

Mailing Address 2045 Elm Tree Rd

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-843**

Amount of Each Receipt this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Laila V. Hick**

Mailing Address 10315 W Sunset Ave

City

Wauwatosa

State

WI

Zip Code

53222-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Distribution Growth Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-953**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Laila V. Hick

Mailing Address 10315 W Sunset Ave

City State Zip Code  
Wauwatosa WI 53222-2350

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

VP Distribution Growth Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-953

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew J. Holleran

Mailing Address 47 Ketch Rd

City State Zip Code  
Morristown NJ 07960-2660

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

Asst Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-507

Amount of Each Receipt this Period

58.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew J. Holleran

Mailing Address 47 Ketch Rd

City State Zip Code  
Morristown NJ 07960-2660

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

Asst Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-507

Amount of Each Receipt this Period

58.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

136.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Steve H Holter

Mailing Address 11390 N Creekside Ct

City State Zip Code  
Mequon WI 53092-4377

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-46

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Steve H Holter

Mailing Address 11390 N Creekside Ct

City State Zip Code  
Mequon WI 53092-4377

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 2016090114731-46

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Iodice

Mailing Address 1930 Old Court Rd

City State Zip Code  
Ruxton MD 21204-1849

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-17

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

541.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. Scott Iodice**

Mailing Address 1930 Old Court Rd

City State Zip Code  
Ruxton MD 21204-1849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-17**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Nicholas E. Jahnke**

Mailing Address 23702 Champe Ford Rd

City State Zip Code  
Middleburg VA 20117-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-875**

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Nicholas E. Jahnke**

Mailing Address 23702 Champe Ford Rd

City State Zip Code  
Middleburg VA 20117-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-875**

Amount of Each Receipt this Period

36.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

197.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Meg E. Jansky**

Mailing Address 4611 N Wildwood Ave

City State Zip Code  
Whitefish Bay WI 53211-1123

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

VP Field Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2016

Transaction ID : 201608111986-903

Amount of Each Receipt this Period

44.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Meg E. Jansky**

Mailing Address 4611 N Wildwood Ave

City State Zip Code  
Whitefish Bay WI 53211-1123

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

VP Field Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2016

Transaction ID : 20160829191841-903

Amount of Each Receipt this Period

44.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ronald P. Joelson**Mailing Address 825 N Prospect Ave  
# U

City State Zip Code  
Milwaukee WI 53202-3979

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

EVP &amp; CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3296.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2016

Transaction ID : 201608111986-500

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Ronald P. Joelson**

Mailing Address 825 N Prospect Ave  
# U

City Milwaukee State WI Zip Code 53202-3979

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

EVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3296.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-500**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marie B. Johnson**

Mailing Address 18220 San Lucas Ct

City Brookfield State WI Zip Code 53045-3870

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

App Dev Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-765**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Marie B. Johnson**

Mailing Address 18220 San Lucas Ct

City Brookfield State WI Zip Code 53045-3870

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

App Dev Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-765**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Todd M. Jones

Mailing Address W252N4956 Aberdeen Dr

City State Zip Code  
Pewaukee WI 53072-1351

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

Vice President-Cntrl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1524.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-752

Amount of Each Receipt this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Todd M. Jones

Mailing Address W252N4956 Aberdeen Dr

City State Zip Code  
Pewaukee WI 53072-1351

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

Vice President-Cntrl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1524.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-752

Amount of Each Receipt this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shawn F Kelley

Mailing Address 7812 Remington Rd

City State Zip Code  
Montgomery OH 45242-7130

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-60

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

323.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Shawn F Kelley

Mailing Address 7812 Remington Rd

City State Zip Code  
 Montgomery OH 45242-7130

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 31 2016

Transaction ID : 2016090114731-60

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Troy B Kemelgor

Mailing Address 7495 Bridlespur Ln

City State Zip Code  
 Delaware OH 43015-8613

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 15 2016

Transaction ID : 20160815195248-56

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Troy B Kemelgor

Mailing Address 7495 Bridlespur Ln

City State Zip Code  
 Delaware OH 43015-8613

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 31 2016

Transaction ID : 2016090114731-56

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

209.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Martha M. Kendler**

Mailing Address 1775 Village Green Ct  
# C

City State Zip Code  
Elm Grove WI 53122-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Business Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-511**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Martha M. Kendler**

Mailing Address 1775 Village Green Ct  
# C

City State Zip Code  
Elm Grove WI 53122-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Business Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-511**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David Daniel Kiecker**

Mailing Address 11696 Approach Blvd

City State Zip Code  
Fishers IN 46037-4146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-68**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

236.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. David Daniel Kiecker**

Mailing Address 11696 Approach Blvd

City

Fishers

State

IN

Zip Code

46037-4146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-68**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William S Koch**

Mailing Address 4645 Swilcan Bridge Ln S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-9**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William S Koch**

Mailing Address 4645 Swilcan Bridge Ln S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-9**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Sarah L. N. Koenig**

Mailing Address W150N10997 Dogwood Ct

City

Germantown

State

WI

Zip Code

53022-4287

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Field Growth & Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-593**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sarah L. N. Koenig**

Mailing Address W150N10997 Dogwood Ct

City

Germantown

State

WI

Zip Code

53022-4287

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Field Growth & Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-593**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kevin J. Konopa**

Mailing Address 2331 N 90th St

City

Wauwatosa

State

WI

Zip Code

53226-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Field Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-926**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

43.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Kevin J. Konopa**

Mailing Address 2331 N 90th St

City

Wauwatosa

State

WI

Zip Code

53226-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Field Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-926**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steven H Kosnick**

Mailing Address 5799 Windsona Cir

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-4**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven H Kosnick**

Mailing Address 5799 Windsona Cir

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-4**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

99.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Carol L. Kracht**

Mailing Address 3357 N Lake Dr

City State Zip Code  
Milwaukee WI 53211-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-914**

Amount of Each Receipt this Period

44.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carol L. Kracht**

Mailing Address 3357 N Lake Dr

City State Zip Code  
Milwaukee WI 53211-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-914**

Amount of Each Receipt this Period

44.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ryan J Kramer**

Mailing Address 665 S Euclid Ave

City State Zip Code  
Elmhurst IL 60126-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-62**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 64 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Ryan J Kramer**

Mailing Address 665 S Euclid Ave

City State Zip Code  
 Elmhurst IL 60126-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-62**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Donald H. Larson**

Mailing Address 450 Freedom Ct

City State Zip Code  
 Gurnee IL 60031-4493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Dir Itoi (Comp Ops)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-578**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Donald H. Larson**

Mailing Address 450 Freedom Ct

City State Zip Code  
 Gurnee IL 60031-4493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Dir Itoi (Comp Ops)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-578**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 65 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Todd L. Laszewski**

Mailing Address 2604 N 90th St

City State Zip Code  
Wauwatosa WI 53226-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Ltc Prod Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-833**

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Todd L. Laszewski**

Mailing Address 2604 N 90th St

City State Zip Code  
Wauwatosa WI 53226-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Ltc Prod Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-833**

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. M Kevin Lawhon**

Mailing Address 2430 Vanderbilt Beach Rd  
Unit 108-349

City State Zip Code  
Naples FL 34109-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-49**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

167.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. M Kevin Lawhon**

Mailing Address 2430 Vanderbilt Beach Rd  
Unit 108-349

City Naples State FL Zip Code 34109-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.62

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-49**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Elizabeth J. Lentini**

Mailing Address 5525 N Hollywood Ave

City Whitefish Bay State WI Zip Code 53217-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-1023**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Elizabeth J. Lentini**

Mailing Address 5525 N Hollywood Ave

City Whitefish Bay State WI Zip Code 53217-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-1023**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Robert D Lowrey**

Mailing Address 1108 W Goldthread Cir

City State Zip Code  
 Sioux Falls SD 57108-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-8**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert D Lowrey**

Mailing Address 1108 W Goldthread Cir

City State Zip Code  
 Sioux Falls SD 57108-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-8**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Erika K. Luckow**

Mailing Address N102W14232 Gatewood Pl

City State Zip Code  
 Germantown WI 53022-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Dir Strategic Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-655**

Amount of Each Receipt this Period

14.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

98.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Erika K. Luckow**

Mailing Address N102W14232 Gatewood Pl

City State Zip Code  
Germantown WI 53022-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Strategic Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-655**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matthew James Lueder**

Mailing Address 2359 N Wahl Ave

City State Zip Code  
Milwaukee WI 53211-4513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-67**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthew James Lueder**

Mailing Address 2359 N Wahl Ave

City State Zip Code  
Milwaukee WI 53211-4513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-67**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

264.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey J. Lueken**

Mailing Address 1213 E Goodrich Ln

City

State

Zip Code

Fox Point

WI

53217-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Svp Securities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-841**

Amount of Each Receipt this Period

168.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey J. Lueken**

Mailing Address 1213 E Goodrich Ln

City

State

Zip Code

Fox Point

WI

53217-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Svp Securities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-841**

Amount of Each Receipt this Period

168.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephanie A. Lyons**

Mailing Address 809 E Sylvan Ave

City

State

Zip Code

Whitefish Bay

WI

53217-5353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP - Era

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-692**

Amount of Each Receipt this Period

52.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

388.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 139

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Stephanie A. Lyons

Mailing Address 809 E Sylvan Ave

City	State	Zip Code
Whitefish Bay	WI	53217-5353

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

VP - Era

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

Transaction ID : 20160829191841-692

Amount of Each Receipt this Period

52.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cory A Mahaffey

Mailing Address 13764 Knaus Rd

City	State	Zip Code
Lake Oswego	OR	97034-2175

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 20160815195248-59

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cory A Mahaffey

Mailing Address 13764 Knaus Rd

City	State	Zip Code
Lake Oswego	OR	97034-2175

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

Transaction ID : 2016090114731-59

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

302.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Raymond J. Manista**

Mailing Address 7236 N Crossway Rd

City State Zip Code  
 Fox Point WI 53217-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

**Transaction ID : 201608111986-538**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Raymond J. Manista**

Mailing Address 7236 N Crossway Rd

City State Zip Code  
 Fox Point WI 53217-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Gen Cnsl & Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016

**Transaction ID : 20160829191841-538**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven C. Mannebach**

Mailing Address 101 Colorado St  
 # 260

City State Zip Code  
 Austin TX 78701-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

**Transaction ID : 201608111986-645**

Amount of Each Receipt this Period

103.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

519.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Steven C. Mannebach**

Mailing Address 101 Colorado St  
# 260

City State Zip Code  
Austin TX 78701-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-645**

Amount of Each Receipt this Period

103.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey S. Marks**

Mailing Address 8232 S Country Club Cir

City State Zip Code  
Franklin WI 53132-8532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Reqts & Multi- Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-559**

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey S. Marks**

Mailing Address 8232 S Country Club Cir

City State Zip Code  
Franklin WI 53132-8532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Reqts & Multi- Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-559**

Amount of Each Receipt this Period

21.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 139  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. David C Mc Avoy**

Mailing Address 11 Mountview Rd

City	State	Zip Code
Wellesley	MA	02481-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

**Transaction ID : 20160815195248-2**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David C Mc Avoy**

Mailing Address 11 Mountview Rd

City	State	Zip Code
Wellesley	MA	02481-2757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : 2016090114731-2**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian W McClure**

Mailing Address 1402 Wyndemere Point Dr

City	State	Zip Code
Champaign	IL	61822-3349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

**Transaction ID : 20160815195248-65**

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

458.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Brian W McClure

Mailing Address 1402 Wyndemere Point Dr

City State Zip Code  
Champaign IL 61822-3349

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 2016090114731-65

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark J. McLennon

Mailing Address 2571 N 86th St

City State Zip Code  
Wauwatosa WI 53226-1921

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NML

VP Ips Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-572

Amount of Each Receipt this Period

39.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark J. McLennon

Mailing Address 2571 N 86th St

City State Zip Code  
Wauwatosa WI 53226-1921

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NML

VP Ips Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-572

Amount of Each Receipt this Period

39.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Corey D McQuade**

Mailing Address 190 S Berkley Ave

City

Elmhurst

State

IL

Zip Code

60126-3228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

624.96

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-69**

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Corey D McQuade**

Mailing Address 190 S Berkley Ave

City

Elmhurst

State

IL

Zip Code

60126-3228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

624.96

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-69**

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel J. Meehan**

Mailing Address N30W6890 Lincoln Blvd

City

Cedarburg

State

WI

Zip Code

53012-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-541**

Amount of Each Receipt this Period

18.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

226.32

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blvd

City

Cedarburg

State

WI

Zip Code

53012-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-541

Amount of Each Receipt this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Edwards Meeks JR

Mailing Address 264 Cloister Green Ln

City

Memphis

State

TN

Zip Code

38120-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 20160815195248-16

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jim Edwards Meeks JR

Mailing Address 264 Cloister Green Ln

City

Memphis

State

TN

Zip Code

38120-2357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 2016090114731-16

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

268.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Arthur J. Mees, Jr.**

Mailing Address 5347 N Hollywood Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Regional VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 201608111986-1018**

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Arthur J. Mees, Jr.**

Mailing Address 5347 N Hollywood Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Regional VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 20160829191841-1018**

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ben Miller**

Mailing Address 11315 E Winchcomb Dr

City

Scottsdale

State

AZ

Zip Code

85255-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-53**

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

197.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Ben Miller**

Mailing Address 11315 E Winchcomb Dr

City State Zip Code  
 Scottsdale AZ 85255-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-53**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joseph Miller**

Mailing Address N33W29207 Millridge Rd

City State Zip Code  
 Pewaukee WI 53072-3264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-711**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Joseph Miller**

Mailing Address N33W29207 Millridge Rd

City State Zip Code  
 Pewaukee WI 53072-3264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-711**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 139  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Kevin E Miller**

Mailing Address 214 Schenley Rd

City	State	Zip Code
Pittsburgh	PA	15217-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08		15		2016

**Transaction ID : 20160815195248-34**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kevin E Miller**

Mailing Address 214 Schenley Rd

City	State	Zip Code
Pittsburgh	PA	15217-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08		31		2016

**Transaction ID : 2016090114731-34**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Christian Mitchell**

Mailing Address 640 E Carlisle Ave

City	State	Zip Code
Whitefish Bay	WI	53217-4832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Pres &amp; CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08		15		2016

**Transaction ID : 201608111986-595**

Amount of Each Receipt this Period

55.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

471.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Christian Mitchell**

Mailing Address 640 E Carlisle Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Pres &amp; CEO Wealth Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-595

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Loretta Mlekoday**

Mailing Address 7621 N Van Dyke Rd

City

Fox Point

State

WI

Zip Code

53217-3253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

App Dev Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-1002

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Karen A. Molloy**

Mailing Address 2004 N 85th St

City

Wauwatosa

State

WI

Zip Code

53226-2846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Treasurer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-824

Amount of Each Receipt this Period

36.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Karen A. Molloy**

Mailing Address 2004 N 85th St

City

Wauwatosa

State

WI

Zip Code

53226-2846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-824**

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott J. Morris**

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec -Tax/HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-996**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott J. Morris**

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec -Tax/HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-996**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

66.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

### A. Martin A. Moser

Mailing Address 378 Juniper Ct

City State Zip Code  
Grafton WI 53024-2270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-570

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. Martin A. Moser

Mailing Address 378 Juniper Ct

City State Zip Code  
Grafton WI 53024-2270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-570

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### C. Timothy Michael Mulroy

Mailing Address 29 Lexington Way

City State Zip Code  
Trabuco Cyn CA 92679-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-74

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

163.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Timothy Michael Mulroy

Mailing Address 29 Lexington Way

City State Zip Code  
Trabuco Cyn CA 92679-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 2016090114731-74

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy Nelson

Mailing Address 3518 17th St

City State Zip Code  
Kenosha WI 53144-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-809

Amount of Each Receipt this Period

13.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeremy D. Newman

Mailing Address 1140 Lone Tree Rd

City State Zip Code  
Elm Grove WI 53122-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Dir Distribution Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-1025

Amount of Each Receipt this Period

37.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Jeremy D. Newman

Mailing Address 1140 Lone Tree Rd

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Distribution Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-1025

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin O Connell

Mailing Address 4807 W Woodmere Rd

City

Tampa

State

FL

Zip Code

33609-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2498.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-73

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin O Connell

Mailing Address 4807 W Woodmere Rd

City

Tampa

State

FL

Zip Code

33609-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2498.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 2016090114731-73

Amount of Each Receipt this Period

208.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

453.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Joy O Meara**

Mailing Address 4325 N Morris Blvd

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-697**

Amount of Each Receipt this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mary Joy O Meara**

Mailing Address 4325 N Morris Blvd

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-697**

Amount of Each Receipt this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Gregory C. Oberland**

Mailing Address 4514 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-561**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

244.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Gregory C. Oberland**

Mailing Address 4514 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-561**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kevin K. Olp**

Mailing Address 13140 W North Ln

City

New Berlin

State

WI

Zip Code

53151-9007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Creat Svcs Sol & Co Init

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-639**

Amount of Each Receipt this Period

16.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Kevin K. Olp**

Mailing Address 13140 W North Ln

City

New Berlin

State

WI

Zip Code

53151-9007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Creat Svcs Sol & Co Init

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-639**

Amount of Each Receipt this Period

16.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Brian G Petrando**

Mailing Address 9533 Marbella Dr

City

Fort Worth

State

TX

Zip Code

76126-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-21**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian G Petrando**

Mailing Address 9533 Marbella Dr

City

Fort Worth

State

TX

Zip Code

76126-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-21**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William C. Pickering**

Mailing Address 1823 N 81st St

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl & Ast Sec/Intl Pro

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-966**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

99.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. William C. Pickering

Mailing Address 1823 N 81st St

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl &amp; Ast Sec/Intl Pro

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-966

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michele E. Pierz

Mailing Address 9719 N Lamplighter Ln

City

Mequon

State

WI

Zip Code

53092-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Field Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-512

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michele E. Pierz

Mailing Address 9719 N Lamplighter Ln

City

Mequon

State

WI

Zip Code

53092-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Field Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-512

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Matthew J Plocher**

Mailing Address 4324 Chevy Chase Dr

City State Zip Code  
 La Canada CA 91011-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2498.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-45**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matthew J Plocher**

Mailing Address 4324 Chevy Chase Dr

City State Zip Code  
 La Canada CA 91011-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2498.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-45**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rebecca L. Porter**

Mailing Address 4800 Stratford Dr

City State Zip Code  
 Greendale WI 53129-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

VP Corp Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-528**

Amount of Each Receipt this Period

59.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Rebecca L. Porter**

Mailing Address 4800 Stratford Dr

City

Greendale

State

WI

Zip Code

53129-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-528**

Amount of Each Receipt this Period

59.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael E. Pritzl**

Mailing Address 572 Cottonwood Ln

City

Grafton

State

WI

Zip Code

53024-9591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Managing Director Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

496.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-900**

Amount of Each Receipt this Period

31.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael E. Pritzl**

Mailing Address 572 Cottonwood Ln

City

Grafton

State

WI

Zip Code

53024-9591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Managing Director Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

496.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-900**

Amount of Each Receipt this Period

31.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

121.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Charles R Pruett**

Mailing Address 1019 Stonewall Dr

City

Nashville

State

TN

Zip Code

37220-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 20160815195248-47

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Charles R Pruett**

Mailing Address 1019 Stonewall Dr

City

Nashville

State

TN

Zip Code

37220-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 2016090114731-47

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven M. Radke**

Mailing Address 111 W Ravine Ct

City

Thiensville

State

WI

Zip Code

53092-5861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-766

Amount of Each Receipt this Period

53.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

469.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Steven M. Radke

Mailing Address 111 W Ravine Ct

City

Thiensville

State

WI

Zip Code

53092-5861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Govt Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

848.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-766

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Randal W. Ralph

Mailing Address 9945 N Valley Hill Dr

City

Mequon

State

WI

Zip Code

53092-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-987

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randal W. Ralph

Mailing Address 9945 N Valley Hill Dr

City

Mequon

State

WI

Zip Code

53092-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-987

Amount of Each Receipt this Period

14.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

81.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Jeff D Reeter

Mailing Address 7 Williamsburg Ln

City State Zip Code  
Houston TX 77024-5144

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-61

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeff D Reeter

Mailing Address 7 Williamsburg Ln

City State Zip Code  
Houston TX 77024-5144

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 2016090114731-61

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David R. Remstad

Mailing Address 2634 N Lake Dr

City State Zip Code  
Milwaukee WI 53211-3837

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NML

Svp &amp; Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-702

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

380.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. David R. Remstad**

Mailing Address 2634 N Lake Dr

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp &amp; Chief Actuary

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	6		

**Transaction ID : 20160829191841-702**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Adam T Rhoades**

Mailing Address 2038 Rosemont Pl

City

Vestavia

State

AL

Zip Code

35243-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	6		

**Transaction ID : 20160815195248-50**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Adam T Rhoades**

Mailing Address 2038 Rosemont Pl

City

Vestavia

State

AL

Zip Code

35243-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	6		

**Transaction ID : 2016090114731-50**

Amount of Each Receipt this Period

208.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

536.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Peter K. Richardson

Mailing Address 720 E Green Tree Rd

City

State

Zip Code

Fox Point

WI

53217-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Ast Gn Cnl &amp; Ast Sec/lpas

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 201608111986-492

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peter K. Richardson

Mailing Address 720 E Green Tree Rd

City

State

Zip Code

Fox Point

WI

53217-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Ast Gn Cnl &amp; Ast Sec/lpas

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : 20160829191841-492

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wesley H Richardson

Mailing Address 73 Oakwood Rd

City

State

Zip Code

Huntington

WV

25701-4148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 20160815195248-76

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Wesley H Richardson**

Mailing Address 73 Oakwood Rd

City

Huntington

State

WV

Zip Code

25701-4148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-76**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Daniel A. Riedl**

Mailing Address 6604 Cedar St

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Fld Dist Policies & Admin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-638**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel A. Riedl**

Mailing Address 6604 Cedar St

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Fld Dist Policies & Admin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-638**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. J Daniel Rivers**

Mailing Address 3601 River Ridge Cv

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-19**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. J Daniel Rivers**

Mailing Address 3601 River Ridge Cv

City

State

Zip Code

Prospect

KY

40059-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-19**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bethany M. Rodenhuis**

Mailing Address 3900 N Lake Dr

City

State

Zip Code

Shorewood

WI

53211-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Svp Distr Strat & Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2128.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-597**

Amount of Each Receipt this Period

133.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

549.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Bethany M. Rodenhuis

Mailing Address 3900 N Lake Dr

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Distr Strat & Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2128.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-597

Amount of Each Receipt this Period

133.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tammy M. Roou

Mailing Address N99W14710 Amber Dr

City

Germantown

State

WI

Zip Code

53022-6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-758

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy M. Roou

Mailing Address N99W14710 Amber Dr

City

Germantown

State

WI

Zip Code

53022-6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Chief Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-758

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Matt Russo**

Mailing Address 139 Deep Valley Rd

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2498.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-52**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matt Russo**

Mailing Address 139 Deep Valley Rd

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2498.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-52**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. R Philip Sarnecki**

Mailing Address 18240 Melrose Dr

City

Bucyrus

State

KS

Zip Code

66013-9081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1433.30

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-30**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

516.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. R Philip Sarnecki**

Mailing Address 18240 Melrose Dr

City

Bucyrus

State

KS

Zip Code

66013-9081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1433.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-30**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joseph M Savino**

Mailing Address 8 Benedek Rd

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 20160815195248-1**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Joseph M Savino**

Mailing Address 8 Benedek Rd

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-1**

Amount of Each Receipt this Period

208.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

516.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Linda Ann Schaefer**

Mailing Address 1522 N Prospect Ave

City

Milwaukee

State

WI

Zip Code

53202-6512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Integrated Shrd Svcs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

256.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-649**

Amount of Each Receipt this Period

16.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Linda Ann Schaefer**

Mailing Address 1522 N Prospect Ave

City

Milwaukee

State

WI

Zip Code

53202-6512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Integrated Shrd Svcs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

256.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-649**

Amount of Each Receipt this Period

16.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Timothy G. Schaefer**

Mailing Address 1013 E Lexington Blvd

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP Ent Ops & Tech

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-796**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Timothy G. Schaefer

Mailing Address 1013 E Lexington Blvd

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

EVP Ent Ops & Tech

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-796

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cal D. Schattschneider

Mailing Address 5940 Stefanie Way

City

Caledonia

State

WI

Zip Code

53108-9563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Strat Align & Fin Mgt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-970

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cal D. Schattschneider

Mailing Address 5940 Stefanie Way

City

Caledonia

State

WI

Zip Code

53108-9563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Strat Align & Fin Mgt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-970

Amount of Each Receipt this Period

36.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

280.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Sherri L. Schickert**

Mailing Address W147N9815 Emerald Ln

City

Germantown

State

WI

Zip Code

53022-6620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Proj/Bus Imp Serv

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 201608111986-786**

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sherri L. Schickert**

Mailing Address W147N9815 Emerald Ln

City

Germantown

State

WI

Zip Code

53022-6620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Proj/Bus Imp Serv

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 20160829191841-786**

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John E. Schlifske**

Mailing Address 1500 Greenway Ter

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Chairman &amp; CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 201608111986-720**

Amount of Each Receipt this Period

208.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John E. Schlifske**

Mailing Address 1500 Greenway Ter

City State Zip Code  
Elm Grove WI 53122-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-720**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kathleen H. Schluter**

Mailing Address 5057 N Palisades Rd

City State Zip Code  
Whitefish Bay WI 53217-5756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Tax Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-721**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kathleen H. Schluter**

Mailing Address 5057 N Palisades Rd

City State Zip Code  
Whitefish Bay WI 53217-5756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Tax Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-721**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.00

**TOTAL** This Period (last page this line number only)..... ►



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 139

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Calvin R. Schmidt

Mailing Address W205 Allen Rd

City	State	Zip Code
Oconomowoc	WI	53066-9048

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

Svp Int Cust Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 201608111986-740

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Calvin R. Schmidt

Mailing Address W205 Allen Rd

City	State	Zip Code
Oconomowoc	WI	53066-9048

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

Svp Int Cust Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

Transaction ID : 20160829191841-740

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rodd Schneider

Mailing Address 1415 E Fairy Chasm Rd  
# R

City	State	Zip Code
Bayside	WI	53217-1433

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

VP Litig &amp; Dist Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 201608111986-504

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

245.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. Rodd Schneider**

Mailing Address 1415 E Fairy Chasm Rd  
# R

City State Zip Code  
Bayside WI 53217-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Litig & Dist Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-504**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Sarah R. Schneider**

Mailing Address 4380 N Wildwood Ave

City State Zip Code  
Shorewood WI 53211-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-714**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Sarah R. Schneider**

Mailing Address 4380 N Wildwood Ave

City State Zip Code  
Shorewood WI 53211-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-714**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Sarah E. Schott**

Mailing Address 5712 N Kent Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-687

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sarah E. Schott**

Mailing Address 5712 N Kent Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-687

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Adam David Seiden**

Mailing Address 44 Sunset Rd

City

Darien

State

CT

Zip Code

06820-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 20160815195248-66

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

328.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Adam David Seiden**

Mailing Address 44 Sunset Rd

City State Zip Code  
 Darien CT 06820-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016

**Transaction ID : 2016090114731-66**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brad P Seitzinger**

Mailing Address 920 Pine Needle Trl

City State Zip Code  
 Oakland Twp MI 48306-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

**Transaction ID : 20160815195248-33**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brad P Seitzinger**

Mailing Address 920 Pine Needle Trl

City State Zip Code  
 Oakland Twp MI 48306-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016

**Transaction ID : 2016090114731-33**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

624.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. David W. Simbro**

Mailing Address 311 E Erie St  
Unit 4

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Life & Ann Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-1001**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David W. Simbro**

Mailing Address 311 E Erie St  
Unit 4

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Svp Life & Ann Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-1001**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul W. Skalecki**

Mailing Address W69N463 Foxpointe Ave  
# A

City Cedarburg State WI Zip Code 53012-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-819**

Amount of Each Receipt this Period

14.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

184.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Paul W. Skalecki**

Mailing Address W69N463 Foxpointe Ave

# A

City

Cedarburg

State

WI

Zip Code

53012-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-819**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steve P. Sperka**

Mailing Address S67W17735 Copper Oaks Ct

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Field Rewards

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1556.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-744**

Amount of Each Receipt this Period

98.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Steve P. Sperka**

Mailing Address S67W17735 Copper Oaks Ct

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Field Rewards

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1556.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-744**

Amount of Each Receipt this Period

98.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Tony Stanley**

Mailing Address 3914 White Stone Rd

City State Zip Code  
Newtown Sq PA 19073-1095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-72**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tony Stanley**

Mailing Address 3914 White Stone Rd

City State Zip Code  
Newtown Sq PA 19073-1095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 2016090114731-72**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jason Steigman**

Mailing Address 2301 E Newton Ave

City State Zip Code  
Shorewood WI 53211-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NML

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-579**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

104.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Jason Steigman**

Mailing Address 2301 E Newton Ave

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-579**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David G. Stoeffel**

Mailing Address 6311 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

President & CEO Nmis

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1312.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-820**

Amount of Each Receipt this Period

97.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David G. Stoeffel**

Mailing Address 6311 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

President & CEO Nmis

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1312.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-820**

Amount of Each Receipt this Period

97.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

214.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 113 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen R. Stone**

Mailing Address 2511 N 95th St

City

Wauwatosa

State

WI

Zip Code

53226-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director - Erm

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

448.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-641**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen R. Stone**

Mailing Address 2511 N 95th St

City

Wauwatosa

State

WI

Zip Code

53226-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director - Erm

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

448.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-641**

Amount of Each Receipt this Period

28.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard A. Strait**

Mailing Address 9086 N Tennyson Dr

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-999**

Amount of Each Receipt this Period

21.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

77.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Richard A. Strait**

Mailing Address 9086 N Tennyson Dr

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-999**

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Peter F Striano III**

Mailing Address 11050 NW 78th PI

City

Parkland

State

FL

Zip Code

33076-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2166.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-48**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peter F Striano III**

Mailing Address 11050 NW 78th PI

City

Parkland

State

FL

Zip Code

33076-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2166.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-48**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

437.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 139

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Steven J. Stribling**

Mailing Address 11830 W Whitaker Ave

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Disability Income

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			15			2016			

**Transaction ID : 201608111986-1014**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steven J. Stribling**

Mailing Address 11830 W Whitaker Ave

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Disability Income

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2016			

**Transaction ID : 20160829191841-1014**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brenda J. Stugelmeyer**

Mailing Address 6970 W Fox Haven Ct

City

Franklin

State

WI

Zip Code

53132-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP &amp; Real Estate Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			15			2016			

**Transaction ID : 201608111986-823**

Amount of Each Receipt this Period

39.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

139.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Brenda J. Stugelmeyer**

Mailing Address 6970 W Fox Haven Ct

City State Zip Code  
Franklin WI 53132-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP & Real Estate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-823**

Amount of Each Receipt this Period

39.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher P. Swain**

Mailing Address 10927 N Wyngate Trce

City State Zip Code  
Mequon WI 53092-5862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Public Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-775**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christopher P. Swain**

Mailing Address 10927 N Wyngate Trce

City State Zip Code  
Mequon WI 53092-5862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Public Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-775**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

109.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Steven P. Swanson

Mailing Address 10535 N Gazebo Hill

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-994

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Steven P. Swanson

Mailing Address 10535 N Gazebo Hill

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2016

Transaction ID : 20160829191841-994

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Benjamin E. Swoboda

Mailing Address 5227 N Hollywood Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Astgncnl&Ast Sec/Sec&Re

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

244.00

Date of Receipt

08 / 15 / 2016

Transaction ID : 201608111986-816

Amount of Each Receipt this Period

19.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

61.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Benjamin E. Swoboda**

Mailing Address 5227 N Hollywood Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Astgncnl&Ast Sec/Sec&Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-816**

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas Talajkowski**

Mailing Address 4119 N Prospect Ave

City

Shorewood

State

WI

Zip Code

53211-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Corp Financial Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-805**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thomas Talajkowski**

Mailing Address 4119 N Prospect Ave

City

Shorewood

State

WI

Zip Code

53211-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Corp Financial Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-805**

Amount of Each Receipt this Period

24.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

67.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 OF 139

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Michael F Tews**

Mailing Address 609 S 249th Cir

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-15**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael F Tews**

Mailing Address 609 S 249th Cir

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-15**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott P Theodore**

Mailing Address 12505 Ventana Mesa Cir

City

Castle Pines

State

CO

Zip Code

80108-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-27**

Amount of Each Receipt this Period

208.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Scott P Theodore**

Mailing Address 12505 Ventana Mesa Cir

City

Castle Pines

State

CO

Zip Code

80108-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 2016090114731-27**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Douglas D. Timmer**

Mailing Address 633 W McIntosh Ln

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl &amp; Ast Sec/Secr

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

**Transaction ID : 201608111986-940**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Douglas D. Timmer**

Mailing Address 633 W McIntosh Ln

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cnl &amp; Ast Sec/Secr

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

**Transaction ID : 20160829191841-940**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

238.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Michael S. Treptow**

Mailing Address 8207 N Gray Log Ln

City

Fox Point

State

WI

Zip Code

53217-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-838**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael S. Treptow**

Mailing Address 8207 N Gray Log Ln

City

Fox Point

State

WI

Zip Code

53217-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-838**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alex J Tronco**

Mailing Address 11 Stoneridge Dr

City

Loudonville

State

NY

Zip Code

12211-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-58**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Alex J Tronco**

Mailing Address 11 Stoneridge Dr

City Loudonville State NY Zip Code 12211-2625

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-58**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chris G. Trost**

Mailing Address 1218 E Olive St

City Shorewood State WI Zip Code 53211-1825

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NML

VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-577**

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Chris G. Trost**

Mailing Address 1218 E Olive St

City Shorewood State WI Zip Code 53211-1825

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NML

VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-577**

Amount of Each Receipt this Period

37.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

199.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Leo C Tucker

Mailing Address 605 Potomac River Rd

City	State	Zip Code
Mc Lean	VA	22102-1402

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

Transaction ID : 20160815195248-44

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Leo C Tucker

Mailing Address 605 Potomac River Rd

City	State	Zip Code
Mc Lean	VA	22102-1402

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

Transaction ID : 2016090114731-44

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Van Der Hyde

Mailing Address 849 Sabot Hill Rd

City	State	Zip Code
Manakin Sabot	VA	23103-3009

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

Transaction ID : 20160815195248-18

Amount of Each Receipt this Period

208.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

458.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John Van Der Hyde**

Mailing Address 849 Sabot Hill Rd

City

Manakin Sabot

State

VA

Zip Code

23103-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-18**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deborah Vandommelen, MD**

Mailing Address W66N679 Madison Ave

City

Cedarburg

State

WI

Zip Code

53012-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Medical Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-878**

Amount of Each Receipt this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Deborah Vandommelen, MD**

Mailing Address W66N679 Madison Ave

City

Cedarburg

State

WI

Zip Code

53012-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Medical Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-878**

Amount of Each Receipt this Period

22.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

252.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Andrew T. Vedder**

Mailing Address 4856 N Bartlett Ave

City

Whitefish Bay

State

WI

Zip Code

53217-6016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director- Erm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-1017**

Amount of Each Receipt this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andrew T. Vedder**

Mailing Address 4856 N Bartlett Ave

City

Whitefish Bay

State

WI

Zip Code

53217-6016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director- Erm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-1017**

Amount of Each Receipt this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Janine L. Wagner**

Mailing Address 1300 N Prospect Ave

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Plng & Prod Ins Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-761**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

61.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Janine L. Wagner**

Mailing Address 1300 N Prospect Ave

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Png & Prod Ins Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-761**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andrew T. Wassweiler**

Mailing Address 6746 W River Terrace Dr  
# D

City

Franklin

State

WI

Zip Code

53132-8363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-750**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Andrew T. Wassweiler**

Mailing Address 6746 W River Terrace Dr  
# D

City

Franklin

State

WI

Zip Code

53132-8363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-750**

Amount of Each Receipt this Period

17.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Alison F. Watson**

Mailing Address 420 Independence Ave SE

City

Washington

State

DC

Zip Code

20003-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-981**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Alison F. Watson**

Mailing Address 420 Independence Ave SE

City

Washington

State

DC

Zip Code

20003-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-981**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert J. Welsh**

Mailing Address S68W17598 Marybeck Ln

City

Muskego

State

WI

Zip Code

53150-8556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Employee Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-873**

Amount of Each Receipt this Period

14.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Robert J. Welsh**

Mailing Address S68W17598 Marybeck Ln

City State Zip Code  
Muskego WI 53150-8556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir Employee Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-873**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey B. Williams**

Mailing Address 2004 N 72nd St

City State Zip Code  
Wauwatosa WI 53213-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Nmis-Nmwmc Chief Compl Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-548**

Amount of Each Receipt this Period

38.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey B. Williams**

Mailing Address 2004 N 72nd St

City State Zip Code  
Wauwatosa WI 53213-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Nmis-Nmwmc Chief Compl Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-548**

Amount of Each Receipt this Period

38.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Kamilah D. Williams-Kemp**

Mailing Address 8645 N Dean Cir

City

River Hills

State

WI

Zip Code

53217-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ltc

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-756**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kamilah D. Williams-Kemp**

Mailing Address 8645 N Dean Cir

City

River Hills

State

WI

Zip Code

53217-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ltc

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-756**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian D. Wilson**

Mailing Address 11128 N Whilton Rd

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP National Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-1019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

**A. Brian D. Wilson**

Mailing Address 11128 N Whilton Rd

City State Zip Code  
Mequon WI 53097-3439

FEC ID number of contributing federal political committee.

C

Name of Employer

NML

Occupation

VP National Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
08 / 31 / 2016

Transaction ID : 20160829191841-1019

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Worrell**

Mailing Address 2423 Beretania Cir

City State Zip Code  
Charlotte NC 28211-3631

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
08 / 15 / 2016

Transaction ID : 20160815195248-57

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard Worrell**

Mailing Address 2423 Beretania Cir

City State Zip Code  
Charlotte NC 28211-3631

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
08 / 31 / 2016

Transaction ID : 2016090114731-57

Amount of Each Receipt this Period

208.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

441.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John William Wright II**

Mailing Address 510 King Rd NW

City

Atlanta

State

GA

Zip Code

30342-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 15 / 2016

**Transaction ID : 20160815195248-32**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John William Wright II**

Mailing Address 510 King Rd NW

City

Atlanta

State

GA

Zip Code

30342-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-32**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian K. Yeazel**

Mailing Address N110W5390 W Highland Dr

City

Cedarburg

State

WI

Zip Code

53012-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-662**

Amount of Each Receipt this Period

18.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Brian K. Yeazel**

Mailing Address N110W5390 W Highland Dr

City State Zip Code  
 Cedarburg WI 53012-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-662**

Amount of Each Receipt this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Conrad C. York**

Mailing Address PO Box 511100

City State Zip Code  
 Milwaukee WI 53203-0191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1688.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-723**

Amount of Each Receipt this Period

119.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Conrad C. York**

Mailing Address PO Box 511100

City State Zip Code  
 Milwaukee WI 53203-0191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1688.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-723**

Amount of Each Receipt this Period

119.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

256.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Catherine M. Young**

Mailing Address 929 N Astor Street Unit

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cn & Ast Sec/Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-1028**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Catherine M. Young**

Mailing Address 929 N Astor Street Unit

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Ast Gn Cn & Ast Sec/Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-1028**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. T Scott Zach**

Mailing Address 6630 Country Creek Ln

City State Zip Code  
Cedar Rapids IA 52403-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 20160815195248-51**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. T Scott Zach**

Mailing Address 6630 Country Creek Ln

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 2016090114731-51**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas D. Zale**

Mailing Address 2818 E Menlo Blvd

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2204.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-746**

Amount of Each Receipt this Period

161.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Thomas D. Zale**

Mailing Address 2818 E Menlo Blvd

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2204.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-746**

Amount of Each Receipt this Period

161.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

447.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Diana M. Zawada**

Mailing Address N1 W31143 Wildwood T

City State Zip Code  
Delafield WI 53018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir-Enterprise Vendor Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-724**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Diana M. Zawada**

Mailing Address N1 W31143 Wildwood T

City State Zip Code  
Delafield WI 53018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

Dir-Enterprise Vendor Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : 20160829191841-724**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rick T. Zehner**

Mailing Address 203 W Ravine Baye Rd

City State Zip Code  
Bayside WI 53217-1334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Research & Special Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : 201608111986-915**

Amount of Each Receipt this Period

46.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

94.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Rick T. Zehner**

Mailing Address 203 W Ravine Baye Rd

City State Zip Code  
 Bayside WI 53217-1334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Research & Special Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-915**

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Todd O. Zinkgraf**

Mailing Address 118 Ferris Dr

City State Zip Code  
 North Prairie WI 53153-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ent Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1316.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : 201608111986-948**

Amount of Each Receipt this Period

86.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Todd O. Zinkgraf**

Mailing Address 118 Ferris Dr

City State Zip Code  
 North Prairie WI 53153-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NML

Occupation

VP Ent Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1316.00

Date of Receipt

08 / 31 / 2016

**Transaction ID : 20160829191841-948**

Amount of Each Receipt this Period

86.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

218.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Zuzolo**

Mailing Address 104 Wildwood Dr

City	State	Zip Code
Avon	CT	06001-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08		15		2016

**Transaction ID : 20160815195248-10**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey Zuzolo**

Mailing Address 104 Wildwood Dr

City	State	Zip Code
Avon	CT	06001-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

General Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08		31		2016

**Transaction ID : 2016090114731-10**

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

416.00

**TOTAL** This Period (last page this line number only)..... ►

32998.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee	State WI	Zip Code 53202
-------------------	-------------	-------------------

Purpose of Disbursement  
Service Charge

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 12 / 2016

**Transaction ID : 58DBF62CB68092040B3**

Amount of Each Disbursement this Period

233.42
--------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

233.42
--------

233.42
--------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 139

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Erik Paulsen**Mailing Address PO Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
2016 General

Candidate Name

**Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

**Transaction ID : 8054B4EAB3215B33E01**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Vern Buchanan for Congress**

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
2016 General

Candidate Name

**Vernon Gale Buchanan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2016

**Transaction ID : EA5DF276E601D5A1976**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Young for Iowa, Inc.**

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement  
2016 General

Candidate Name

**David Edmund Young**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2016

**Transaction ID : 693AA6A5688B743FAE0**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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4500.00
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